

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
097673217

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1	1		
3		2	1	1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	3	↓	2	↓		↓
TOTAL CLAIMS	4	████████	3	████████		████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		████████		████████		████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS